13940/0

FORM D	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549	OMB APPROVAL OMB Number: 3235-0076 30,2008
RECEIVER	FORM D	ge burgen <u>se16.00</u>
MAR 1 9 2007	PURSUANT TO REGULATI	07047951 NLY Serial
* \ / /	SECTION 4(6), AND/OF FORM LIMITED OFFERING EARLY	
Name of Offering OR Products, LLC	indment and name has changed, and indicate change.)	
Filing Under (Check box(es) that apply):  Type of Filing: New Filing Amend	Rule 504 Rule 505 Rule 506 Section 4(6)	PROCESSED
	A. BASIC IDENTIFICATION DATA	MAR 2 2 2007
1. Enter the information requested about the	issuer	WAIT = 2001
Name of Issuer ( check if this is an amend DR Products, LLC	ment and name has changed, and indicate change.)	THOMSON FINANCIAL
Address of Executive Offices 3420 N. Dodge Blvd., Ste 100, Tucson, AZ 85	(Number and Street, City, State, Zip Code) 716	Telephone Number (Including Area Code) (520) 615 0751
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business		
Development, marketing and sale of dental pro	ducts	
·	mited partnership, to be formed	olease specify): Limited Liability Company
Actual or Estimated Date of Incorporation or Or Jurisdiction of Incorporation or Organization:	Month Year rganization: 0 7 0 3 Actual Estir Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	nated :: AZ
GENERAL INSTRUCTIONS		
Federal: Who Must File: All issuers making an offering of 77d(6).	securities in reliance on an exemption under Regulation D	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five. (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee,

## State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## - ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA
2. Enter the information requested for the following:
• Each promoter of the issuer, if the issuer has been organized within the past five years;
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issue
• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
Each general and managing partner of partnership issuers.
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Wagner, Ray, M.D.
Business or Residence Address (Number and Street, City, State, Zip Code) 3420 N. Dodge Blvd., Ste 100, Tucson, AZ 85716
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Wagner, Martha
Business or Residence Address (Number and Street, City, State, Zip Code)
3420 N. Dodge Blvd., Ste 100, Tucson, AZ 85716
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
(Lise blank sheet or conv and use additional copies of this sheet as necessary)

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	S	s
	Equity	<u> </u>	
	Common Preferred		
	Convertible Securities (including warrants)	S	s
	Partnership Interests	<b>3</b>	
	Other (Specify LLC Interests		
	Total		\$ 0
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	00	\$ <u> </u>
	Non-accredited Investors	0	\$0
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$_1,000
	Legal Fees		\$ <u>10,000</u>
	Accounting Fees	_	\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)	<u></u>	\$
	Total		\$ 11,000
		<u> </u>	

	C. OFFERING PRIC	E, NUMBER OF INVESTORS, EXPENSES A	ND USE OF FROCEEDS	· · · · · · · · · · · · · · · · · · ·
	and total expenses furnished in response to I	gate offering price given in response to Part C - Part C — Question 4.a. This difference is the "a	adjusted gross	\$ 289,000
5.	each of the purposes shown. If the amou	gross proceed to the issuer used or proposed to nt for any purpose is not known, furnish an he total of the payments listed must equal the a e to Part C — Question 4.b above.	cstimate and	
			Payments to	
			Officers,	Day
			Directors, & Affiliates	Payments to Others
	Salaries and fees		\$ <u>36,000</u>	\$\$
			<b>□</b>	_
	Purchase, rental or leasing and installatio	n of machinery	<b>\_s</b>	 _ ∏s
	Construction or leasing of plant buildings	and facilities		_
	Acquisition of other businesses (including offering that may be used in exchange for issuer pursuant to a merger)		 \$	_ _
	Repayment of indebtedness		s	\$ <u>45,000</u>
	Working capital			\$ 199,000
	Other (specify):			🗖 s
			 ss	_
	Column Totals		\$ 36,000	\$ 253,000
	Total Payments Listed (column totals add	ed)	\$_i	289,000
		D. FEDERAL SIGNATURE		
sig	nature constitutes an undertaking by the issu	ed by the undersigned duly authorized person her to furnish to the U.S. Securities and Exch non-accredited investor pursuant to paragra	ange Commission, upon writ	
ss	uer (Print or Type)	Signature	Date	
DF	R Products, LLC	Kay Wager	<u> </u>	3/07
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)	7	, .
R	ay Wagner, M.D.	Manager		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE
1.		0.262 presently subject to any of the disqualification  Yes  No
		See Appendix, Column 5, for state response.
2.	The undersigned issuer hereby underta D (17 CFR 239.500) at such times as	akes to furnish to any state administrator of any state in which this notice is filed a notice on Form required by state law.
3.	The undersigned issuer hereby undertissuer to offerees.	takes to furnish to the state administrators, upon written request, information furnished by the
4.	limited Offering Exemption (ULOE)	at the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform of the state in which this notice is filed and understands that the issuer claiming the availability stablishing that these conditions have been satisfied.
	uer has read this notification and knows t thorized person.	he contents to be true and has duly caused this notice to be signed on its behalf by the undersigned
	Print or Type)	Signature
DR Pro	oducts, LLC	Bay Wage 3/13/0/
Name (	Print or Type)	Title (Print or Type)
Ray W	agner, M.D.	Manage

## Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				AP	PENDIX					
1	Intend to non-a investor	2 I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4  Type of investor and amount purchased in State  (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ		<b>√</b>	LLC Interest \$300,000	0	0	0	0		✓	
AR										
CA		<b>✓</b>	LLC Interest \$300,000	0	0	0	0		✓	
СО										
СТ										
DE							_			
DC										
FL										
GA										
ні										
ID										
IL										
IN										
IA	· <b>-</b> .									
KS										
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мв										
MD										
МА										
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MN										
MS										

				APPI	ENDIX			_	
1	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	umber of Number of Non-Accredited				No
МО									
МТ	-								
NE									
NV									
NH									
ŊJ									
NM									
NY									
NC									
ND									
ОН									
ок									
OR	-								
PA									
RI						:			
SC									
SD									
TN	· · ·				_				
TX									
UT									
VT									
VA									
WA	- <u>-</u>								
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				APP	ENDIX				
1		2	3  Type of security	4			5 Disqualification under State ULO		
	to non-a	to sell accredited is in State s-Item 1)	and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			(if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY							<del> </del>		
PR									